

**New York State Department of Health
Radiologic Technologist Licensing Program
547 River Street, Room 530
Troy, NY 12180-2216
(518) 402-7580**

Instructions for Graduates of Schools Located Outside of New York State

All graduates of schools located outside of New York State must submit all of the following items to apply for a license to practice radiologic technology in New York State:

1. A completed application.
2. A copy of school certificate/diploma or transcript. If date of graduation was more than ten years ago, also submit a resume that clearly shows employment as a radiologic technologist.
3. A check for \$20 made payable to the New York State Department of Health; and
4. Proof of having passed the American Registry of Radiologic Technologists (ARRT) examination. An applicant may provide proof by submitting a copy of:
 - ARRT certificate with current sticker or
 - current wallet card or
 - examination score of 75% or higher.

Recent graduates who are waiting to either take the ARRT exam or to receive exam results and who are requesting a Temporary Permit to practice radiologic technology in New York State, must submit either a letter from their Program Director that states both their graduation date and their eligibility to take the ARRT examination, or a copy of their ARRT Admission Notice.

5. Individuals who are licensed by a state that uses the ARRT examination as the state licensing examination must also submit a copy of that license.

Individuals are licensed by a state that does not use the ARRT examination, must first obtain ARRT certification before applying to New York State.

If you need to apply to the ARRT, please contact them at the following address or telephone number:

American Registry of Radiologic Technologists
1225 Northland Drive
St. Paul, MN 55120-1155
(651) 687-0048

Applicants with Training in the Armed Services, please see other side.

**New York State Department of Health
Bureau of Environmental Radiation Protection
547 River Street, Room 530
Troy, NY 12180-2216
(518) 402-7580**

Information for Applicants with Training in the Armed Services

Applicants with training in the armed services must submit all of the following items to apply for a license to practice radiologic technology in New York State:

1. A completed application,
2. A check for \$20 payable to the New York State Department of Health,
3. A copy of discharge papers (DD214) and school certificates showing graduation from a radiologic technologist program as listed below:

<u>Military Branch</u>	<u>Required Forms</u>	<u>Type of Endorsement</u>
Air Force	STTC Form 725	Final Endorsement
Army	Diploma	Endorsement of Program Director
Navy	NEC-8452 Certificate	Endorsement of Program Director

If date of graduation was more than ten years ago, include a resume that clearly shows employment as a radiologic technologist.

4. Proof of having passed the American Registry of Radiologic Technologists (ARRT) examination. An applicant may provide proof by submitting a copy of:
 - ARRT certificate with current sticker or
 - current wallet card or
 - examination score of 75% or higher.

The Department will not issue a license to applicants with training in the armed forces that have not passed the ARRT examination. Applicants who are waiting to either take the ARRT exam or to receive exam results and who are requesting a Temporary Permit to practice radiologic technology in New York State, must submit a copy of their ARRT Admission Notice. These applicants must have been scheduled to take the exam within one year of separation from the Armed Forces.

The ARRT can be contacted at (651) 687-0048 for exam information. The N.Y.S. Department of Health can be contacted at (518) 402-7580 for information regarding the New York licensing process.

Graduates of schools located outside of New York State, please see other side.

☐ Diagnostic ☐ Therapy

1.) Social Security No.

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PLEASE TYPE OR PRINT WITH BLACK INK

2.) Last Name: _____ First Name: _____ M.I. _____

3.) Mailing Address: Number, Street, Apartment Number (Use Two Lines if Necessary)

[illegible]

City: **State:** **Zip Code:**

4.) Date of Birth:

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Month Day Year

5.) Sex:

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	<u>Male</u>	<u>Female</u>
1. <i>Age</i>	1.00	1.00
2. <i>Height</i>	0.89	0.90
3. <i>Weight</i>	0.89	0.89
4. <i>Body mass index</i>	0.90	0.90
5. <i>Heart rate</i>	0.89	0.89
6. <i>Stroke volume</i>	0.89	0.89
7. <i>Cardiac output</i>	0.89	0.89
8. <i>Stroke volume index</i>	0.89	0.89
9. <i>Cardiac output index</i>	0.89	0.89
10. <i>Stroke volume index</i>	0.89	0.89
11. <i>Cardiac output index</i>	0.89	0.89
12. <i>Stroke volume index</i>	0.89	0.89
13. <i>Cardiac output index</i>	0.89	0.89
14. <i>Stroke volume index</i>	0.89	0.89
15. <i>Cardiac output index</i>	0.89	0.89
16. <i>Stroke volume index</i>	0.89	0.89
17. <i>Cardiac output index</i>	0.89	0.89
18. <i>Stroke volume index</i>	0.89	0.89
19. <i>Cardiac output index</i>	0.89	0.89
20. <i>Stroke volume index</i>	0.89	0.89
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23. <i>Cardiac output index</i>	0.89	0.89
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25. <i>Cardiac output index</i>	0.89	0.89
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42. <i>Stroke volume index</i>	0.89	0.89
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44. <i>Stroke volume index</i>	0.89	0.89
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49. <i>Cardiac output index</i>	0.89	0.89
50. <i>Stroke volume index</i>	0.89	0.89
51. <i>Cardiac output index</i>	0.89	0.89
52. <i>Stroke volume index</i>	0.89	0.89
53. <i>Cardiac output index</i>	0.89	0.89
54. <i>Stroke volume index</i>	0.89	0.89
55. <i>Cardiac output index</i>	0.89	0.89
56. <i>Stroke volume index</i>	0.89	0.89
57. <i>Cardiac output index</i>	0.89	0.89
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59. <i>Cardiac output index</i>	0.89	0.89
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64. <i>Stroke volume index</i>	0.89	0.89
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66. <i>Stroke volume index</i>	0.89	0.89
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68. <i>Stroke volume index</i>	0.89	0.89
69. <i>Cardiac output index</i>	0.89	0.89
70. <i>Stroke volume index</i>	0.89	0.89
71. <i>Cardiac output index</i>	0.89	0.89
72. <i>Stroke volume index</i>	0.89	0.89
73. <i>Cardiac output index</i>	0.89	0.89
74. <i>Stroke volume index</i>	0.89	0.89
75. <i>Cardiac output index</i>	0.89	0.89
76. <i>Stroke volume index</i>	0.89	0.89
77. <i>Cardiac output index</i>	0.89	0.89
78. <i>Stroke volume index</i>	0.89	0.89
79. <i>Cardiac output index</i>	0.89	0.89
80. <i>Stroke volume index</i>	0.89	0.89
81. <i>Cardiac output index</i>	0.89	0.89
82. <i>Stroke volume index</i>	0.89	0.89
83. <i>Cardiac output index</i>	0.89	0.89
84. <i>Stroke volume index</i>	0.89	0.89
85. <i>Cardiac output index</i>	0.89	0.89
86. <i>Stroke volume index</i>	0.89	0.89
87. <i>Cardiac output index</i>	0.89	0.89
88. <i>Stroke volume index</i>	0.89	0.89
89. <i>Cardiac output index</i>	0.89	0.89
90. <i>Stroke volume index</i>	0.89	0.89
91. <i>Cardiac output index</i>	0.89	0.89
92. <i>Stroke volume index</i> </		

6.) County of Residence: (if New York State)

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7.) Phone Number: Home () Work ()

8.) Amount of fee submitted with this application: \$ _____

9.) Have you taken the New York Licensure Examination before? ☐ Yes ☐ No

10.) Do you have a certificate from the American Registry of Radiologic Technologists? ☐ Yes ☐ No
If yes, please attach proof of certification.

11.) Do you have a license or certificate from another state or territory of the United States? ☐ Yes ☐ No
If yes, please enter:

A) Name of state or territory: _____

B) License or certificate number: _____ When issued: _____

12.) Have you successfully completed an accredited course of study in Radiologic Technology? ☐ Yes ☐ No
(If you expect to complete a course within three months, you may answer yes.)

Type of Radiologic Technology course: ☐ Diagnostic ☐ Therapy

Name and complete address of school:

Dates attended (Month/Year)

From	To
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Include a copy of your diploma or transcript. If you completed this course over ten years ago, attach a resume of your experience since graduation.



13.) Have you ever served in the Armed Forces of the United States ☐ Yes ☐ No
If yes,
Date of Entry _____ Date of Discharge _____ Service No. _____ Branch of Service _____

Have you ever received a discharge other than honorable? ☐ Yes ☐ No
If yes, give details under Remarks.

14.) Except for minor traffic violations and adjudications as a youthful offender, wayward minor, or juvenile delinquent, have you ever been convicted of an offense against the law, forfeited collateral, or are you now under charges for any offense against the law? ☐ Yes ☐ No

If yes, please provide details under Remarks for each charge. Also include copies of all Documents from the court. (Certificate of Disposition, Certificate of Relief from Disabilities, Parole/Probation documents, etc.) **An incomplete application will be returned.**

Notes: A conviction is not an automatic bar to licensure. Each case is considered on its individual merits.

Your application will not be processed without an **original signature** on the license application.

If your licensing or school documentation is in a different name, please include a copy of **legal proof of name change**, for example, marriage certificate or divorce decree.

Remarks: Use additional sheets if necessary

Declaration:

I declare, subject to the penalties for perjury, that the statements made herein and on the accompanying papers have been examined by me and to the best of my knowledge and belief are true and correct. I further understand that a false statement knowingly made by me may be the cause for suspension or revocation of any license issued pursuant to this application and for criminal prosecution and punishment.

Date

Signature of Applicant

Previous Name (if any)